

ARE YOU O.K.? FIELD INTERVIEW FORM

Phone: () ~ Date: / / Time to Call: :00 AM/PM Service #

Subscriber Name and Address:			Doctor and Clergy:
Last Name	First Name	M.I.	Doctor's Name
Street Address			Doctor's Phone
Apt. Bldg. Name			Clergy's Name
City	State	Zip Code	Clergy's Phone

In Case of Emergency, Notify:			
Last Name	First Name	M.I.	Last Name First Name M.I.
Street Address			Street Address
City	State	Zip Code	City State Zip Code
Phone Number			Phone Number

Next of Kin:			
Last Name	First Name	M.I.	Last Name First Name M.I.
Street Address			Street Address
City	State	Zip Code	City State Zip Code
Phone Number			Phone Number

Key on Premises?			Location:
Yes	No		Always enter "No", leave location "blank".
Key holder:			
Last Name	First Name	M.I.	Last Name First Name M.I.
Street Address			Street Address
City	State	Zip Code	City State Zip Code
Phone Number			Phone Number

Pets?	Yes	No	Type and Location:
Live Alone?	Yes	No	Co-Residents:

Medical History

Able To Walk?	Yes	No	List Physical Impairments:
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Location of Medical History:

Remarks

Health Care Proxy Established?	(circle one)	Yes	No
Need a key to the residence	(circle one)	Yes	No